

09/929,700. Cef^e

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October 16, 2006

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Title: TISSUE OPENING LOCATOR AND EVERTER AND METHOD
Letters Patent No. 6,964,675
Issued: November 15, 2005
Our Reference: LOMAU.108CPDV1

Dear Sir:

Enclosed for filing is a Certificate of Correction in connection with the above-identified patent.

Enclosed are copies of relevant pages of the specification as filed and List of References cited by Applicant and considered by Examiner on June 21, 2005 showing the text as presented by Applicant. The following table shows the correlation between Applicant's submitted documents and the associated error in the issued patent that is to be corrected.

Original		Issued Patent	
Page	Line	Column	Line
Sheet 2, List of References cited by applicant, date considered by Examiner 06/21/05		1	6
Specification, Page 3, Line 4		15	49
Claims, Page 4, Line 2, Claim 34		24	22
Claims, Page 6, Line 1, Claim 48		26	1

Certificate
DEC 11 2006
of Correction

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San Diego
619-235-8550

San Francisco
415-954-4114

Los Angeles
310-551-3450

Riverside
951-781-9231

San Luis Obispo
805-547-5580

Knobbe Martens Olson & Bear LLP

Honorable Commissioner of
Patents and Trademarks

November 30, 2006

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As the errors cited in the Certificate of Correction were incurred through the fault of the Patent Office, no fee is believed to be required. However, please charge our Deposit Account No. 11-1410 for any fees that may be incurred with this request.

Respectfully submitted,

Knobbe, Martens, Olson & Bear, LLP



Glen L. Nuttall

Registration No. 46,188

Customer No. 20,995

Enclosures

3008682:ctc/ca
101106

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UNITED STATES PATENT AND TRADEMARK OFFICE

CERTIFICATE OF CORRECTION

PATENT NO. : 6.964,675
APPLICATION NO. : 09/929,700
ISSUE DATE : November 15, 2005
INVENTOR(S) : Zhu, et al.

Page 1 of 1

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

At page 2, column 1, line 6, please delete "3,893,544" and insert therefore, --3,893,454--.

At column 15, line 49, after "is thus" please delete "is thus".

At column 24, line 22 (approx.), in Claim 8, please delete "refractor" and insert therefore, --retractor--.

At column 26, line 1, in Claim 22, please delete "refractor" and insert therefore, --retractor--.

3007819:ctc
101106

MAILING ADDRESS OF SENDER:

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DOCKET NO. LOMAU.108CPDV1

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

ATTY. DOCKET NO.
LOMAU.108CPDV1

APPLICATION NO.
08/929,700

**INFORMATION DISCLOSURE STATEMENT
BY APPLICANT**

(USE SEVERAL SHEETS IF NECESSARY)

APPLICANT
 00 Yong Hua Zhu, et al.

FILING DATE
August 31, 2001

**GROUP
3731**

U.S. PATENT DOCUMENTS

[illegible]

EXAMINER

DATE CONSIDERED

*EXAMINER: INITIAL IF CITATION CONSIDERED, WHETHER OR NOT CITATION IS IN CONFORMANCE WITH MPEP 609; DRAW LINE THROUGH CITATION IF NOT IN CONFORMANCE AND NOT CONSIDERED, INCLUDE COPY OF THIS FORM WITH NEXT COMMUNICATION TO APPLICANT.

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The preferred form of the invention facilitates the location of the tissue opening, e.g., an opening in a vessel. The purpose of such location is to allow for the performing of other medical procedures on the opening or surrounding tissue. These procedures include but are not limited to therapeutic (e.g., radiation, drug delivery, etc.), closure of the opening, or modification of the opening (e.g., enlarging the opening) procedures. Furthermore, the apparatus is capable of holding itself or another device on or near the opening by the apparatus's suction, which is preferably continuous but may be intermittent.

An apparatus for facilitating closure of an opening in a blood vessel, which includes a closure instrument having an elongated member defining a longitudinal axis with proximal and distal ends. The elongated member has a vacuum lumen extending at least a portion of the length thereof for conveying a vacuum and terminating in a vacuum port adjacent the distal end of the elongated member. The distal end of the elongated member is dimensioned to be positioned proximal a vessel opening in a blood vessel whereby vessel edge portions defining the vessel opening are at least drawn toward the vacuum port in response to a vacuum conveyed through the vacuum lumen. At least one surgical clip, preferably, two, is mounted adjacent the distal end of the elongated member and is adapted to be formed to an at least partially formed condition thereof. The one clip is positioned with respect to the vacuum port to engage the vessel edge portions drawn toward the vacuum port upon movement of the one clip to the formed condition thereof to generally approximate the vessel edge portions to at least partially close the vessel opening.

The apparatus may further include a clip forming member mounted to the elongated member and engageable with the one clip. The clip forming member is movable relative to the elongated member to move the one clip to the formed condition thereof. Preferably, first and second clip forming members are mounted to the elongated member in diametrically opposed relation.

In another preferred embodiment, an apparatus for facilitating closure of an opening in a blood vessel, includes an elongated member having a vacuum lumen extending at least a portion of the length thereof for conveying a vacuum and terminating in an axial vacuum port, a source of vacuum connectable to the elongated member in communication with the vacuum lumen whereby vacuum forces conveyed through the vacuum lumen and vacuum port cause vessel edge portions defining the vessel opening to

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AMENDMENTS TO THE CLAIMS

The claims as amended are presented below. Additions to the claims are shown underlined, while deletions are ~~struck through~~.

27. (Previously Presented) A device for precisely locating a wound in a blood vessel, comprising:

an elongate tube having a proximal end, a distal end, and an elongate lumen, the tube being configured to slidably accommodate a guidewire therewithin; and

at least two indicator holes through an outer wall of the tube and communicating with the lumen, a distance between the distal end and each of the indicator holes being substantially the same.

28. (Previously Presented) The device of Claim 27, wherein a guide point is defined on the tube proximal of the indicator holes a distance at least equal to a thickness of a blood vessel wall.

29. (Currently Amended) The device of Claim 28, wherein the distance is at least about .5—2 mm.

30. (Previously Presented) The device of Claim 28, wherein the distance is slightly larger than a thickness of a human femoral artery wall.

31. (Previously Presented) The device of Claim 28 additionally comprising a source of suction communicating with the lumen.

32. (Currently Amended) The device of Claim 31, wherein the ~~tube~~tube comprises a substantially transparent portion configured to enable a clinician to identify fluid being sucked through the lumen.

33. (Previously Presented) The device of Claim 31 additionally comprising a retractor having at least two elongate retractor members, each of the members having a distal end.

34. (Previously Presented) The device of Claim 33, wherein the retractor members are releasably mounted onto the tube so that the distal ends of the retractor members are positioned at the guide point.

35. (Previously Presented) The device of Claim 27, wherein a main body of the elongate tube is defined proximal the indicator holes, and the tube tapers from the distal end to a

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guidewire therethrough, the second lumen concentrically surrounding the first lumen, communicating with the opening, and being connected to the source of negative pressure.

42. (Previously Presented) A device as in Claim 41, wherein the longitudinal distance between the guide point and the opening is slightly greater than a wall thickness of a human femoral artery.

43. (Currently Amended) A device as in Claim 38, wherein the distance is ~~between~~ at least about 0.5-2 mm.

44. (Previously Presented) A device as in Claim 43 additionally comprising a raised portion of the catheter surrounding the opening, the catheter having a greater diameter in the raised portion than in adjoining portions of the catheter.

45. (Previously Presented) A device as in Claim 44, wherein the guide point is positioned proximal of a proximal end of the raised portion.

46. (Currently Amended) A device as in Claim 45, wherein the guide point is at least about .5-1.5 mm proximal the proximal end of the raised portion.

47. (Previously Presented) A device as in Claim 43 further comprising a second opening through the catheter outer wall, the second opening located substantially the same distance from the catheter distal end as the first opening.

48. (Previously Presented) A device as in Claim 43, wherein the retractor additionally comprises a handle portion operatively connected to the movable members.

49. (Previously Presented) A device as in Claim 48, wherein the channel extends the entire length of the movable members.

50. (Previously Presented) A device as in Claim 48, wherein the handle portion comprises two handles and a locking mechanism, and the handles are operatively connected at a hinge.

51. (Previously Presented) A device as in Claim 50, wherein the handles and hinge are adapted so that squeezing the handles together moves the movable retractor members apart from each other.

52. (Previously Presented) A device as in Claim 51, wherein the handles are biased apart from each other.

53. (Previously Presented) A device as in Claim 50, wherein the locking mechanism comprises a toothed arcuate stop member extending from a first handle and a release member